

**NEW YORK
STATE DEPARTMENT OF
FINANCIAL SERVICES**

**SUPPLEMENT TO
PROPERTY AND CASUALTY
ANNUAL STATEMENT**

**To be filed with the
Annual Statement — December 31, 2022
of the**

Name of Insurer

Property & Casualty

2022

INSTRUCTIONS

For Completing the New York Supplement to the NAIC PROPERTY and Casualty Annual Statement

GENERAL

1. ONE HARD COPY of this Supplement, completed according to these instructions, should be filed by all Domestic Property and Casualty Insurers licensed in New York, together with ONE HARD COPY of the N.A.I.C. Property and Casualty Annual Statement. One hard copy of the jurat page of this Supplement should be filed by all Property and Casualty Insurers licensed in New York. An electronic copy of this Supplement, completed according to these instructions, should be filed with the NAIC by all Property and Casualty Insurers licensed in New York, together with an electronic copy of the N.A.I.C. Property and Casualty Annual Statement.
The hard copy of the Supplement must be filed with pages that are 8 1/2" wide x 14" long, and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department's web site. All pages of the Supplement MUST be bound or stapled together along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
2. All forms are to be filed by MARCH 1, except for the Insurance Expense Exhibit-Supplement and the Accident and Health Policy Experience Exhibit which are due on APRIL 1. Property and Casualty Insurers licensed in New York should address all forms to:

PROPERTY BUREAU
NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
One State Street, 4th Floor
New York City, New York 10004

3. The New York Supplement is intended to identify those adjustments necessary to modify an Insurer's Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Pages 2 and 3 of this Supplement are intended to identify those changes necessary to adjust the company's assets, liabilities, capital, surplus and income to a New York basis.
4. The format of the Supplement has been designed to facilitate data capture. Therefore, do not change the captions for pre-printed items, lines or columns. An entry for which there is no specific pre-printed line or item must be reported with an identifying caption in the "Details" section on the appropriate page. These write-in lines should be reported in descending order. If there is not sufficient room in a "Details" section to accommodate all write-ins, report the additional "Details" sections on the Overflow Page. The page numbers designated in the blank should not be changed. If additional pages are needed, use decimals after the page number, for example, 7.1, 7.2, etc. All such additional pages should be adequately captioned to enable ready identification.
5. **Supplemental Exhibits and Schedules Interrogatories**, Page 13
Insurance Expense Exhibit-Supplement, Accident and Health Policy Experience Exhibit, Exhibit of Participants in Accident and Health Contracts, and Report of Premiums are printed on tear out pages. If there is nothing to report on any of these Exhibits and Schedules, companies should complete the Supplemental Exhibits and Schedules Interrogatories on page 13 of this Supplement and tear out the Exhibits and/or Schedules on which there is nothing to report.
Certain Exhibits and Schedules require the use of bar codes. For any Supplemental Interrogatory to which an insurer responds that it is not required to submit the form in question and the form requires the use of a bar code, the insurer is required to affix the appropriate bar code in the space indicated. Note that it is only the Supplemental Interrogatories to which the insurer has responded “NO” that it does not have to file a particular exhibit or form, and for which the physical page or form would be marked “NONE” that the appropriate bar code be affixed. In all other instances no bar code should be affixed.
Some Interrogatories require that a bar code be affixed in addition to indicating “NO”. The appropriate bar code **must be affixed** at any Supplemental Interrogatory where the bar code is required and the insurer responds that it is not required to submit the form. A bar code should **not** be affixed to any interrogatory: 1) that does not indicate that the bar code be affixed and 2) where the response is “YES”.
6. The following worksheet shows the pages, exhibits and schedules in this Supplement that must be filed by each type of insurer. Each domestic and foreign insurance company is required to file the pages, exhibits or schedules, as applicable, where an X appears under the appropriate description.

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

SUPPLEMENT PAGE	TITLE	DOMESTIC*	FOREIGN
1	Jurat	X	X
2	New York Adjustments to Home State Balance Sheet		X
3	New York Adjustments to Underwriting and Investment Exhibit		X
4	New York Interrogatories	X	X
7	Special Risk Insurance	X	X
12	Certificate of Compliance	X	X
13	Supplemental Exhibits and Schedules Interrogatories	X	
14	Exhibit of Premiums and Losses (New York)	X	X
16	Credit A&H Insurance and Credit Unemployment Insurance	X	X
18	Insurance Expense Exhibit-Supplemental	X	X
22	A&H Policy Experience Exhibit	X	X
31	Exhibit of Participants in Accident and Health Contracts	X	X
33	Report of Premiums (New York)	X	X
41	Computation of Section 206 Premium Base	X	
42	New York Public Motor Vehicle Liability Security Fund Exhibit	X	X
43	Fire Insurance Fee Exhibit	X	X

*Includes U.S. Branches of alien insurers entered through New York

JURAT PAGE - PAGE 1

The jurats in both copies of the NAIC Annual Statement and the New York Supplement must be signed by the same officers and notarized. Photo-copies will NOT be accepted.

NEW YORK ADJUSTMENTS TO THE NAIC BLANK FILED ON A HOME STATE BASIS - PAGES 2 AND 3

Both of these pages contain "Details" sections. The totals of these sections are carried forward to a summary line; for example, on Page 2 the total of "Details of N.Y Asset Adjustments" from Line 0299 is carried forward to Line 2. Each item reported in the Annual Statement completed on a Home State basis that requires an adjustment in order to be reported in accordance with New York requirements should be listed separately in the appropriate "Details" section, unless a printed line has been provided in the Supplement. Any adjustment on these pages which is not self-explanatory should be described in an attachment to this Supplement. When reporting an adjustment to an aggregate write-in line, the item number reported in the Supplement should be the NAIC blank aggregate write-in item number and the caption should be as reported in the "Details" section for that aggregate write-in item; for example, adjustments to Page 2, Item 25 of the NAIC blank would be listed in the "Details of Admitted Asset Adjustments" on Page 2 in this Supplement as follows:

Pg. 2,	Item No.,	Caption	
Home State A.S.			
0201	25	Descriptive caption from "Details of Write-Ins Aggregated at Item 25 For Other Than Invested Assets"	\$XXX
0202	25	Descriptive caption from "Details of Write-Ins Aggregated at Item 25 For Other Than Invested Assets"	\$XXX

ASSETS - PAGE 2

Line 2 -Total New York Adjustments To Admitted Assets.
An insurance company owning stock of another insurance company MUST NOT use a value greater than the value permitted by Section 1414(c) of the New York Insurance Law.
Investments in the stock of other insurance companies are subject to the limitations set forth in Section 1408 of the New York Insurance Law.
The total of all adjustments to the assets reported in the Annual Statement filed on a Home State basis should be reported on Page 2, Line 2 of this Supplement. Each adjustment should be listed in the "Details Of Admitted Asset Adjustments," identified by item number, caption and amount.
When the asset adjustments include changes in assets that are individually listed in one of the invested asset schedules, attach a statement to this Supplement providing a full description and the amount of change for each individual item.

LIABILITIES, SURPLUS AND OTHER FUNDS – PAGE 2

Lines 5.1 and 6.1
Companies that have discounted loss and loss expense reserves in the Home State Annual Statement must report the change in these items which results when reported gross without discount except to the extent permitted under Section 4117 (d) or (e) of the New York Insurance Law.

Line 13
Report the change which results when discounted reserves are reported gross.
The amount reported should be the net result of all other adjustments reported to assets and liabilities.

Continued on Rear Inside Jacket

INSTRUCTIONS
(Continued from Front Inside Jacket)

UNDERWRITING AND INVESTMENT EXHIBIT - PAGE 3

Lines 3.1 and 4.1	Companies who have discounted losses and loss expenses in the Home State Annual Statement must report the change to these items which results when reported gross without discount except to the extent permitted under Section 4117(d), or (e) of the New York Insurance Law.
Line 6.1	Companies entering into " buy-out-contracts " with qualifying insurers under the Limited Assignment Distribution Program should report the buy-out fee paid as a "LAD Program-Expense." The servicing Carrier should report the buy-out fee received as "LAD Program-Income."
Line 9	Companies who have reported discounted losses and loss expenses as part of investment income in the Home State Annual Statement should reverse that entry on this line. Such entry should be the contra of the sum of Items 3.2 and 4.2 and must be itemized in the "Details of Investment Income Adjustments."

CAPITAL AND SURPLUS ACCOUNT – PAGE 3

Line 14	Adjustments to Home State A.S., Page 4, Item 24 Include any changes in (unrealized) capital gains resulting from adjustments in invested asset value that are reported on Page 3, Line 2 of this Supplement.
Line 15	Adjustment to Home State A.S., Page 4, Item 27 Include any New York changes in admitted asset values resulting from adjustments in not admitted assets that are reported on Page 3, Line 2 of this Supplement. Line 16 All Other New York Adjustments to Capital and Surplus Account. Exclude any adjustments which do not result in an overall change in total capital and surplus.

NEW YORK INTERROGATORIES – PAGE 4

Special Interrogatories For New York Business #5. With respect to auto, an exposure is a "car year". Example: if a company writes a multi-car policy insuring three vehicles, it would be one policy but three exposures.

SCHEDULE SR - SPECIAL RISK INSURANCE

All companies authorized to do business pursuant to Article 63 of the New York Insurance Law must complete the Forms on pages 8 - 11. The special risk premiums shown on pages 8 - 11 are for New York risks only. For the number of policies issued, where the policy has coverage for multiple lines, only report it once in the line with the highest premium.

CERTIFICATE OF COMPLIANCE - PAGE 12

All companies must evidence compliance with the advertising requirements of Regulation 34 (11 NYCRR 215).

NY EXHIBIT OF PREMIUMS AND LOSSES - PAGE 14

Companies reporting data on NAIC Annual Statement Blank page 19 (New York) and Schedule T, Line 33 must complete this Exhibit. Page 19 (New York) will NOT be accepted in lieu of this Exhibit. For Column 13, policies in force is as of December 31. For lines 19.1 to 21.4, you do not have to complete column 13 policies in force. On line 21.5 column 13, provide the total private passenger automobile policies in force regardless of which coverages are included in the policy. On line 21.6 column 13, provide the total commercial automobile policies in force regardless of which coverages are included in the policy. For multiple lines of business, if there is a premium charge for that coverage, then it would be counted as a policy in force for that line of business. On line of business 17.1 and 17.2, for policies that have both BI and PD coverage and the policies in force counts can't be split into BI and PD, the company should report the same number for BI and PD.

CREDIT ACCIDENT & HEALTH INSURANCE
CREDIT UNEMPLOYMENT INSURANCE

All companies writing credit business must complete the Forms on pages 16 and 17.

NY INSURANCE EXPENSE EXHIBIT – SUPPLEMENT

FORM 271AS, Pages 18 to 21, is to be filed on an Individual Insurer basis by APRIL 1. Data for page 19 IEE Allocation to Lines of Direct Business Written is for all states. Data for page 21 is cumulative.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

All insurers with A&H business in force are required to file this form by April 1. Refer to instructions on page 22.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
This form is required to be filed March 1 by **all companies** with accident and health business in force in New York State. Refer to the instructions on the exhibit. (Page 31).

REPORT OF PREMIUMS

Complete the Report and Supplementary Schedules according to instructions on (page 33.)

COMPUTATION OF SECTION 206 PREMIUM BASE

This form is required to be filed by all New York domiciled companies, except accredited reinsurers. The form is due by March 1.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
ANNUAL STATEMENT SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
of the Condition of the

NAIC Group Code	_____	_____
	(Current period)	(Prior period)
NAIC Company Code	_____	
Employer's ID Number	_____	
Organized Under the Laws of the State of	_____	
Company Web Site Address	_____	
Annual Statement Contact Person and Phone Number	_____	
Annual Statement Contact E-Mail Address	_____	
Electronic Filing Contact Person and Phone Number	_____	
Electronic Filing Contact E-Mail Address	_____	
Vendor Name and Version Number	_____	

JURAT

_____)
State of _____)
_____)
County of _____)

Certification of the New York Annual Statement Supplement - The UNDERSIGNED, being duly sworn, do hereby certify that they are the below described officers of the said insurer, and that on the thirty-first day of December last, this Supplement together with the accompanying Annual Statement and related exhibits, schedules and explanations therein and herein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said insurer as of the thirty-first day of December last, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief respectively.

Certification of the New York Annual Statement Supplement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specification, that the filing has been tested against the validations included in these specifications, and that information contained in this filing is identical to the information contained in the 2022 New York Annual Statement supplement blank filed with the New York State Department of Financial Services.

Certification of the NAIC Annual Statement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the NAIC Annual Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that annual statement information contained in this filing is identical to the information contained in the 2022 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, all filings submitted have been scanned through a virus detection software package and no viruses are present on the submissions.

Print Name	Signature
PRESIDENT _____	_____
SECRETARY _____	_____
TREASURER _____	_____

Subscribed and sworn to before me this
_____ day of _____, 2023

NEW YORK ADJUSTMENTS TO HOME STATE BALANCE SHEET		1	2
ASSETS		Current Year	Previous Year
1.	Total Admitted Assets, Home State A.S., Pg. 2, Line 28, Col. 3.....		
2.	New York Adjustments to Admitted Assets (Line 0299)		
3.	Total Admitted Assets, N.Y. Basis (Line 1 - 2)		
DETAILS OF ADMITTED ASSET ADJUSTMENTS			
Pg. 2, Item No.11 & 25.			
	<u>Home State A.S.</u> <u>Caption</u>		
0201.	.....	
		
0202.	.....	
0203.	.....	
0298.	Summary of remaining write-ins for Line 2 from overflow page.....		
0299.	Total N.Y. Admitted Asset Adjustments (Line 2)		
LIABILITIES, SURPLUS AND OTHER FUNDS			
4.	Total Liabilities, Home State A.S., Pg. 3, Item 28.....		
New York Liability Adjustments			
5.	Adjustments to Losses, Home State A.S., Pg. 3, Item 1		
	5.1 For Discounting of Loss Reserves.....		
6.	Adjustments to Loss Adjustment Expenses, Home State A.S., Pg. 3, Item 3		
	6.1 For Discounting of Loss Reserves.....		
7.	All Other Liability Adjustments (Line 0799)		
8.	Total N.Y. Liability Adjustments (Line 5.1 + 6.1 +7)		
9.	Total Liabilities, N.Y. Basis (Line 4 + 8)		
10.	Surplus as Regards Policyholders, Home State A.S., Pg. 3, Item 37.....		
New York Surplus Adjustments			
11.	Adjustment to Home State A.S., Pg. 3, Item 29, for Aggregate Special Surplus Funds (Line 1199)		
12.	Adjustment to Home State A.S., Pg. 3, Item 32, for Surplus Other Than Special Surplus Funds (Line 1299)		
13.	Adjustment to Home State A.S., Pg. 3, Item 35, for Unassigned Funds (Line 1399)		
14.	Total N.Y. Surplus Adjustments (Line 11 + 12 + 13) (Line 2 - 8)		
15.	Surplus as Regards Policyholders, N.Y. Basis (Line 10 + 14) (Line 3 – 9)		
DETAILS OF ALL OTHER LIABILITY ADJUSTMENTS			
Pg. 3, Item No. 25,			
	<u>Home State A.S.</u> <u>Caption</u>		
0701.	.....	
		
0702.	.....	
		
0703.	.....	
		
0798.	Summary of remaining write-ins for Line 7 from overflow page.....		
0799.	Total, All Other Liability Adjustments (Line 7)		
DETAILS OF SPECIAL SURPLUS FUNDS ADJUSTMENTS			
Pg. 3, Item No. 29,			
	<u>Home State A.S.</u> <u>Caption</u>		
1101.	.....	
		
1102.	.....	
		
1103.	.....	
		
1198.	Summary of remaining write-ins for Line 11 from overflow page.....		
1199.	Total, Special Surplus Funds Adjustments (Line 11)		
DETAILS OF OTHER THAN SPECIAL SURPLUS FUNDS ADJUSTMENTS			
Pg. 3, Item No. 32,			
	<u>Home State A.S.</u> <u>Caption</u>		
1201.	.....	
		
1202.	.....	
		
1203.	.....	
		
1298.	Summary of remaining write-ins for Line 12 from overflow page.....		
1299.	Total, Other Than Special Surplus Funds Adjustments (Line 12)		
SOURCES OF UNASSIGNED FUNDS ADJUSTMENTS			
Pg. 3, Item No. 35,			
	<u>Home State A.S.</u> <u>Caption</u>		
1301.	.....	
		
1302.	.....	
		
1303.	.....	
		
1398.	Summary of remaining write-ins for Line 13 from overflow page.....		
1399.	Total, Unassigned Funds Adjustments (Line 13)		

NEW YORK ADJUSTMENTS TO UNDERWRITING AND INVESTMENT EXHIBIT

STATEMENT OF INCOME		1	2
		Current Year	Previous Year
1.	Net Income, Home State A.S., Pg. 4, Item 20.....		
New York Net Income Adjustments			
2.	Net Underwriting Income, Home State A.S., Pg. 4, Item 8.....		
New York Underwriting Income Adjustments:			
3.	Adjustment to Home State A.S., Pg. 4, Item 2		
3.1	For Discounting of Losses.....		
3.2	All Other Adjustments.....		
4.	Adjustment to Home State A.S., Pg. 4, Item 3		
4.1	For Discounting of Loss Adjustment Expenses.....		
4.2	All Other Adjustments.....		
5.	Adjustments to Home State A.S., Pg. 4, Item 4.....		
6.	Adjustments to Home State A.S., Pg. 4, Item 5.....		
6.1	For "LAD" Program Income/Expense.....		
6.2	All Other Adjustments.....		
7.	Total N.Y. Adjustments to Underwriting Gain or Loss, Home State A.S., Pg. 4, Item 8 (Line 3 + 4 + 5 + 6)		
8.	Net Underwriting Income N.Y. Basis, (Line 2 + 7)		
9.	New York Investment Income Adjustments:		
	Total N.Y. Adjustments to Investment Income (Line 0999)		
10.	New York Other Income Adjustments:		
	Total N.Y. Adjustments to Other Income (Line 1099).....		
11.	Total N.Y. Adjustments to Net Income (Line 7 + 9 + 10)		
12.	Net Income, N.Y. Basis (Line 1 + 11)		
CAPITAL AND SURPLUS ACCOUNT			
13.	Surplus as Regards Policyholders, Home State A.S., Pg. 4, Item 39.....		
New York Capital and Surplus Adjustments			
14.	Adjustment to Home State A.S., Pg. 4, Item 24.....		
15.	Adjustment to Home State A.S., Pg. 4, Item 27.....		
16.	All Other N.Y. Adjustments to Capital and Surplus Account (Line 1699)		
17.	Total N.Y. Adjustments to Capital and Surplus Account (Line 11 + 14 + 15 + 16)		
18.	Surplus as Regards Policyholders, N.Y. Basis (Line 13 + 17) (Pg. 2, Line 15)		
DETAILS OF INVESTMENT INCOME ADJUSTMENTS			
Pg. 4, Item No. 9 & 10			
Home State A.S. Caption			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page.....		
0999.	Total, Investment Income Adjustments (Line 9)		
DETAILS OF OTHER INCOME ADJUSTMENTS			
Pg. 4, Item No. 12 thru 19			
Home State A.S. Caption			
1001.	.....	
1002.	.....	
1003.	.....	
1098.	Summary of remaining write-ins for Line 10 from overflow page.....		
1099.	Total, Other Income Adjustments (Line 10)		
DETAILS OF CAPITAL AND SURPLUS ACCOUNT ADJUSTMENTS			
Pg. 4, Item No. 23 thru 37			
Home State A.S. Caption			
1601.	.....	
1602.	.....	
1603.	.....	
1698.	Summary of remaining write-ins for Line 16 from overflow page.....		
1699.	Total, Other Capital and Surplus Account Adjustments (Line 16)		

NEW YORK INTERROGATORIES

1.

Are any of the assets reported in this statement held pursuant to Section 1404(b) of the New York Insurance Law?
If "Yes" attach a statement providing full information.

Yes [] No []
2.

State the largest amount invested in or loaned upon, the securities of any one institution at any time during the year.
(Include partnership and other equity interest; exclude U.S. Government and insurance subsidiary investments).

\$.....
- 3.1

Has the Company borrowed funds pursuant to Section 1307 of the New York Insurance Law, or a similar provision of the Home State statute, that permits the repayment of such borrowing only with the prior approval of the regulatory authority?

Yes [] No []
- 3.2.

If "Yes" what was the amount of Principal at year-end?

\$.....
- 3.3

If "Yes" what was the amount of Accrued Interest at year-end?

\$.....

SPECIAL INTERROGATORIES FOR NEW YORK BUSINESS

- 4

Number of policies in force at year-end for private passenger auto and commercial auto. (Include all policies written directly in New York State regardless of vehicle location)

.....
5.

Total number of direct written exposures for year, for each of the coverages listed below:
- 5.1

Bodily Injury (including Medical Payments and Uninsured Motorist Coverage's)

.....
- 5.2

Property Damage

.....
- 5.3

Comprehensive (including Fire and Theft)

.....
- 5.4

Collision

.....
- 5.5

PIP (No-Fault)

.....
6.

6.1 Snowmobile direct written premiums included with automobile liability.

\$.....
- 6.2

Mobile home direct written premiums included with automobile physical damage.

\$.....
- 6.3

Snowmobile direct written premiums included with automobile physical damage.

\$.....
7.

SECTION 9110 MOTOR VEHICLE LAW ENFORCEMENT FEE
- 7.1

Total number of motor vehicles registered pursuant to the provisions of Section 401(1)(b) of the New York State Vehicle and Traffic Law, subject to the Section 9110 Motor Vehicle Law Enforcement Fee.

.....
- 7.2

Total fees collected for Section 9110 Motor Vehicle Law Enforcement Fee.

.....
- 7.3

Indicate Company's New York Department of Motor Vehicle insurance company (DMV) 3-digit code

.....
8.

If collateral is reported in Part 6B, Col. 2, of the Financial Guaranty Insurance Exhibit, provide a description of the types of collateral held, i.e., government, corporate, etc.

.....

MORTGAGE GUARANTY COMPANIES ONLY

9.

Pursuant to Section 6502.a (2) of the New York Insurance Law, kindly attach the following information:
- 9.1

The computation of the contingency reserve over the last ten years.
- 9.2

If withdrawals were made from the contingency reserve due to incurred losses in excess of thirty-five percent of earned premium, give the amount and

\$.....
- 9.3

Attach a copy of the approval or other notice given by the regulatory authority in your home state.
- 9.4

Indicate where the contingency reserve is reflected in the Annual Statement. If not segregated, explain.
- 9.5

Identify securities allocated to the contingency reserve.
- 9.6

Furnish the total liability (exposure) outstanding under your aggregate insurance policies.

\$.....
- 9.7

Give a breakdown, by percentage, of the type of mortgages guaranteed under such policies.
10.

Pursuant to Department Regulation 91 (11 NYCRR 69) attach the following information:
- 10.1

Furnish the total liability (exposure) outstanding due to mortgage pool insurance.

\$.....
- 10.2

Give a breakdown, by percentage, of the type of mortgage pools guaranteed under such policies.

FINANCIAL OPTIONS AND FUTURES

- 11.1

Did the Company submit a hedging plan, as required by Regulation 163 (11 NYCRR 178.3)?

Yes [] No []
- 11.2

If "Yes" date submitted.

ACCIDENT & HEALTH INSURANCE

- 12.1

Did the insurer write any managed care insurance (as defined in Section 4801 (C) of the NYS Insurance Law) in the State of New York last year?

Yes [] No []
- 12.2

Did the insurer write any Accident & Health Insurance other than managed care insurance (defined above) which included Utilization Review provisions as defined in Article 49 of the NYS Insurance Law?

Yes [] No []

SERVICE CONTRACT REIMBURSEMENT INSURANCE

- 13.1

Has the Company written any Service Contract Reimbursement Insurance policies (as defined in Section 1113(a)(28) of the NYS Insurance Law) in New York State, during the year?

Yes [] No []
- 13.2

If the answer is "Yes", indicate the total premium written in New York State for the year.

\$.....
- 13.3

Indicate on which line of business in the annual statement the premiums were reported.

REGULATION 203 (To be completed by domestic insurers and U.S. Branches of alien insurers entered through New York)

- 14.1

Provide the company's annual direct written and unaffiliated assumed premiums, including international direct and assumed premium, but excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Insurance Program

\$.....
- 14.2

Is the company a member of a holding company system, an article 16 system, or an article 17 system as defined in Regulation 203?

Yes [] No []
- 14.3

If the answer is "Yes", provide the system's annual direct written and unaffiliated assumed premiums, including international direct and assumed premium, but excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Insurance Program

\$.....

REGULATIONS 220 and 172 (To be completed by foreign insurers)

- 15.1

Is the company exempted from risk based capital pursuant to Section 1324 of the New York Insurance Law?

Yes [] No []
- 15.2

If the answer to 15.1 is "No", does the company have exchange traded funds that meet the criteria specified in Section 77.2 of Regulation 220?

Yes [] No []
- 15.3

If the answer to 15.2 is "Yes", pursuant to Section 83.3(d) of Regulation 172, provide the company's risk-based capital calculated in accordance with Section 77.2 of Regulation 220.

.....%

NEW YORK INTERROGATORIES SCHEDULES

INTERROGATORY SCHEDULE 1

GAP INSURANCE

1 Has the insurer issued any GAP insurance policies for the year?

Yes [] No []

If the answer is “Yes”, for those policies issued in New York, indicate the following information for each of the sub-kinds of GAP insurance as defined in Section 1113(a)(26)(A through D) of the New York Insurance Law; for non New York GAP business, complete line 2.6, for all sub-kinds:

<u>Sub-Kind</u>	(1) Premiums Written	(2) Premiums Ceded	(3) Net Premiums Written	(4) Losses Paid	(5) Losses Incurred
(2.1) Motor Vehicle Lessor/Creditor, 26(A)					
(2.2) Motor Vehicle Lessee/Debtor, 26(B)					
(2.3) NMV ^(a) Lessor/Creditor, 26(C)					
(2.4) NMV ^(a) Lessee/Debtor, 26(D)					
(2.5) N.Y. GAP sub-total					
(2.6) Non N.Y. GAP sub-total					
(2.7) Total GAP Insurance					

(a) Non-Motor Vehicle

INTERROGATORY SCHEDULE 2

INTERROGATORY REQUIRED BY CIRCULAR LETTER NO. 18 (2001)

Investments in companies where a domestic insurer owns ten percent or more of the voting shares of such company

(1) Is the company a domestic insurer?

Yes [] No []

(2) Is the company subject to the provisions of Article 16

Yes [] No []

If the answer is “Yes” to both questions, the company is required to complete the following report.

CONTROLLED PERSON SUBMISSION WORKSHEET

1	2	3	4	5	6	7
Name of Controlled Person	Type of Investment	Statement Value	Percentage of Ownership in Controlled Person	Total Invested Assets of Insurer	Total Admitted Assets of Insurer	Surplus to Policyholders of Insurer

INTERROGATORY SCHEDULE 3

CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE

- (1) Has an insured submitted a cyber event claim during the year under any policy that does not explicitly provide or explicitly exclude cyber coverage?

Yes [] No []
- (2) Has the company paid a cyber event claim during the year under any policy that does not explicitly provide or explicitly exclude cyber coverage?

Yes [] No []
- (3) Does the company write cybersecurity insurance coverage in New York State?

Yes [] No []
- (4) Does the company write identity theft insurance coverage in New York State?

Yes [] No []

If the answer is “Yes” to question (3) and/or question (4), the company is required to complete the following report.

CYBERSECURITY AND IDENTITY THEFT INSURANCE POLICIES IN NEW YORK STATE

	1	2 Cybersecurity Insurance	3 Identity Theft Insurance
a.	Stand-Alone Policies Direct Premiums Written		
b.	Stand-Alone Policies Net Premiums Written		
c.	Number of Stand-Alone Policies in Force as of December 31		
d.	Package Policies Direct Premiums Written Quantified		
e.	Package Policies Net Premiums Written Quantified		
f.	Package Policies Direct Premiums Written Estimated Using Reasonable Assumptions		
g.	Package Policies Net Premiums Written Estimated Using Reasonable Assumptions		
h.	Number of Package Policies in Force as of December 31		
i.	Direct Premiums Written for Coverages Provided by Endorsements that are Not Included in a., d. or f. Above		
j.	Net Premiums Written for Coverages Provided by Endorsements that are Not Included in b., e. or g. Above		
k.	Number of Policies in Force as of December 31 that Provide Coverages by Endorsements that are Not Included in c. or h. Above		

DEFINITIONS

Cyber Event: Any act or attempt to gain unauthorized access to, disrupt or misuse an information system or information stored on such information system.

SPECIAL RISK INSURANCE

SCHEDULE SR-1 (PROPERTY) INSTRUCTIONS

Note 1 - Total New York Direct Premiums Written (including business written pursuant to Article 63) - Amount should be the total of all direct written premiums written during the year.

Note 2 – Total Personal Lines included in Line 1 – Personal lines shall mean policies of insurance issued to natural persons for non-business purposes including policies issued to natural persons for loss or damage to real property used predominately for residential purposes and which consists of not more than four dwelling units, other than hotels and motels.

Note 3 - Total Direct Premiums Written Pursuant to Article 63 - Amount shown should be the special risk premium written during the year for New York risks only. This the amount shown on Schedule SR-1 Line 1 Column 10.

Note 4 - Total Personal Lines included in Line 3 - Personal lines shall mean policies of insurance issued to natural persons for non-business purposes including policies issued to natural persons for loss or damage to real property used predominately for residential purposes and which consists of not more than four dwelling units, other than hotels and motels.

Note 5 - Surplus as Regards Policyholders (New York basis) - Amount should reconcile to the New York Supplement (Annual) Page 2 Line 15 Column 1.

Note 6 - Ratio of Special Risk Direct Premiums Written to Surplus as Regards Policyholders – Ratio is the amount shown on Line 1 Column 10 divided by Note 5.

Note 7 - Ratio of Special Risk Net Premiums Written to Surplus as Regards Policyholders – Ratio is the amount shown on Line 4 Column 10 divided by Note 5.

Note 8 - Total Net Premiums Written in the United States During Preceding Twelve Month Period - Amount is the total of all Net Premiums (including special risk) for the same full twelve month period as reported above in the Special Risk Schedule. For the 2022 NY Supplement, the net premiums written should be from January 1, – December 31.

Note 9 - Ratio of Total Net Premiums Written in the United States to Surplus as Regards Policyholders – Ratio is the amount shown on Note 8 divided by Note 5.

.....
Affix Bar Code Here

SPECIAL RISK INSURANCE
SCHEDULE SR-1 (PROPERTY)

Special Risk Premiums Written Pursuant to Article 63:

	Current Quarter			Cumulative Total Preceding Three Quarters			Total			
	(1) Class One	(2) Class Two	(3) Class Three	(4) Class One	(5) Class Two	(6) Class Three	(7) Class One	(8) Class Two	(9) Class Three	(10) Combined
1. Direct Premiums Written	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
2. Reinsurance Assumed
3. Reinsurance Ceded										
4. Net Premiums Written	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Underwriting Net Income										
5. Net Premiums Earned	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
6. Net Losses Incurred
7. Net Loss Exp. Incurred
Underwriting Exp. Incurred:										
8. Commissions
9. All Other										
10. Net Gain or Loss	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Notes:

1. Total New York Direct Premiums Written (including business written pursuant to Article 63)

\$_____
2. Total Personal Lines included in Line 1.

\$_____
3. Total Direct Premiums Written Pursuant to Article 63.

\$_____
4. Total Personal Lines Premiums included in Line 3.

\$_____
5. Surplus as Regards Policyholders (New York basis):

\$_____
6. Ratio of Special Risk Direct Premiums Written to Surplus as Regards Policyholders:

7. Ratio of Special Risk Net Premiums Written to Surplus as Regards Policyholders:

8. Total Net Premiums Written in the United States During Preceding Twelve Month Period:

\$_____
9. Ratio of Total Net Premiums Written in the United States to Surplus as Regards Policyholders:

SPECIAL RISK INSURANCE

SCHEDULE SR-2 (PROPERTY)

EXHIBIT OF PREMIUMS AND LOSSES PURSUANT TO ARTICLE 63 - CLASS ONE RISKS

		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		3 Number of Policies Issued	4 Direct Losses Paid (deducting salvage)	5 Direct Losses Incurred
		1 Direct Premiums Written	2 Direct Premiums Earned			
Class One Premiums:						
1.	Fire.....					
2.	Allied lines.....					
5.	Commercial multiple peril.....					
8.	Ocean marine.....					
9.	Inland marine.....					
10.	Financial guaranty.....					
11.1	Medical professional liability - Occurrence.....					
11.2	Medical professional liability - Claims-Made.....					
12.	Earthquake.....					
17.1	Other liability (B.I.).....					
17.2	Other liability (P.D.).....					
17.3	Excess workers' compensation.....					
18.1	Products Liability - Occurrence.....					
18.2	Products Liability - Claims-Made.....					
19.5	Commercial automobile no-fault (personal injury protection).....					
19.6	Other commercial automobile liability bodily injury.....					
19.8	Commercial automobile property damage.....					
21.3	Commercial automobile fire, theft & comprehensive.....					
21.4	Commercial automobile collision.....					
22.	Aircraft (all perils).....					
23.	Fidelity.....					
24.	Surety.....					
26.	Burglary & theft.....					
27.	Boiler & machinery.....					
28.	Credit.....					
30.	Warranty.....					
34.	Aggregate write-ins for other lines of business.....					
35	Total Class One.....					

(1). Finance and service charges not included in Lines 1 to 35 \$_____

DETAILS OF WRITE-INS

3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page.....				
3499.	TOTAL (Item 34)				

SPECIAL RISK INSURANCE

SCHEDULE SR-3 (PROPERTY)

EXHIBIT OF PREMIUMS AND LOSSES PURSUANT TO ARTICLE 63 - CLASS TWO RISKS

		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		3 Number of Policies Issued	4 Direct Losses Paid (deducting salvage)	5 Direct Losses Incurred
		1 Direct Premiums Written	2 Direct Premiums Earned			
Class Two Premiums:						
1.	Fire.....					
2.	Allied lines.....					
5.	Commercial multiple peril.....					
8.	Ocean marine.....					
9.	Inland marine.....					
10.	Financial guaranty.....					
11.1	Medical professional liability - Occurrence.....					
11.2	Medical professional liability - Claims-Made.....					
12.	Earthquake.....					
17.1	Other liability (B.I.).....					
17.2	Other liability (P.D.).....					
17.3	Excess workers' compensation.....					
18.1	Products Liability - Occurrence.....					
18.2	Products Liability - Claims-Made.....					
19.5	Commercial automobile no-fault (personal injury protection).....					
19.6	Other commercial automobile liability bodily injury.....					
19.8	Commercial automobile property damage.....					
21.3	Commercial automobile fire, theft & comprehensive.....					
21.4	Commercial automobile collision.....					
22.	Aircraft (all perils).....					
23.	Fidelity.....					
24.	Surety.....					
26.	Burglary & theft.....					
27.	Boiler & machinery.....					
28.	Credit.....					
30.	Warranty.....					
34.	Aggregate write-ins for other lines of business.....					
35	Total Class Two.....					

(1). Finance and service charges not included in Lines 1 to 35 \$_____

DETAILS OF WRITE-INS

3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page.....				
3499.	TOTAL (Item 34)				

SPECIAL RISK INSURANCE

SCHEDULE SR-4 (PROPERTY)

EXHIBIT OF PREMIUMS AND LOSSES PURSUANT TO ARTICLE 63 - CLASS THREE RISKS

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		3 Number of Policies Issued	4 Direct Losses Paid (deducting salvage)	5 Direct Losses Incurred
	1 Direct Premiums Written	2 Direct Premiums Earned			
Class Three Premiums:					
1. Fire.....					
2. Allied lines.....					
5. Commercial multiple peril.....					
8. Ocean marine.....					
9. Inland marine.....					
10. Financial guaranty.....					
11.1 Medical professional liability - Occurrence.....					
11.2 Medical professional liability - Claims-Made.....					
12. Earthquake.....					
17.1 Other liability (B.I.).....					
17.2 Other liability (P.D.).....					
17.3 Excess workers' compensation.....					
18.1 Products Liability - Occurrence.....					
18.2 Products Liability - Claims-Made.....					
19.5 Commercial automobile no-fault (personal injury protection).....					
19.6 Other commercial automobile liability bodily injury.....					
19.8 Commercial automobile property damage.....					
21.3 Commercial automobile fire, theft & comprehensive.....					
21.4 Commercial automobile collision.....					
22. Aircraft (all perils).....					
23. Fidelity.....					
24. Surety.....					
26. Burglary & theft.....					
27. Boiler & machinery.....					
28. Credit.....					
30. Warranty.....					
34. Aggregate write-ins for other lines of business.....					
35.1 Total Class Three.....					
35.2 Total Class One (From SR-2).....					
35.3 Total Class Two (From SR-3).....					
36. GRAND TOTALS					

(1). Finance and service charges not included in Lines 1 to 36 \$ _____

DETAILS OF WRITE-INS

3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page.....					
3499. TOTAL (Item 34)					

CERTIFICATE OF COMPLIANCE

Filed pursuant to requirements of Regulations No. 34 (11 NYCRR 215) regarding
Advertisements of Accident and Health Insurance

State of)
) SS:
County of)

_____ being duly sworn
deposes and says that (he, she) is the _____ of the

_____ Company and hereby
certifies that, to the best of (his, her) knowledge, information and belief, advertisements disseminated by said insurer during
the past calendar year complied, or were made to comply, with the provisions of the Insurance Law of the State of New York
and the requirements of Regulations No. 34 promulgated pursuant to said Law.

Subscribed and sworn to before me this
_____ day of _____ 20____ .

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following Exhibits or Schedules are required to be filed. In the event that the company does not transact or have in force the type of business pertaining to any Exhibit or Schedule, indicate “No” for the appropriate interrogatory; affix a bar code, if indicated; explain the reasons the form is not being filed; and tear out the form from this Supplement.

Refer to the instructions on the inside front cover of this Supplement.

Note: ALL below listed exhibits and schedules are due on March 1 unless otherwise indicated.

1.1 Special Risk Insurance — Schedule (SR-1 Property): Yes [] No []

1.2 Reason for not filing:

.....

All companies authorized to do business pursuant to Article 63 of the New York Insurance Law must complete the Forms on pages 8-11.

.....
Affix Bar Code Above

2.1 Certificate of Compliance (Pursuant to Regulation 34) Yes [] No []

2.2 Reason for not filing:

.....

3.1 Exhibit of Premiums and Losses (New York Business) Yes [] No []

3.2 Reason for not filing:

.....

.....
Affix Bar Code Above

4.1 Will the Insurance Expense Exhibit-Supplement be filed with the Department by April 1? Yes [] No []

4.2 Reason for not filing:

.....

.....
Affix Bar Code Above

5.1 Does your company write accident and health insurance? Yes [] No []

5.2 Will the Accident and Health Policy Experience Exhibit be filed with the Department by April 1? Yes [] No []

5.3 If first response is yes and second response is no, please explain:

.....

.....
Affix Bar Code Above

6.1 Does your company write accident and health insurance in the State of New York? Yes [] No []

6.2 Will the Exhibit of Participants in Accident & Health Contracts be filed with the Department by March 1?

Yes [] No []

6.3 If first response is yes and second response is no, please explain:

.....

.....
Affix Bar Code Above

7.1 Report of Premiums Yes [] No []

7.2 Reason for not filing:

.....

.....
Affix Bar Code Above

EXHIBIT OF PREMIUMS AND LOSSES ^(a)
BUSINESS IN STATE OF NEW YORK DURING YEAR

.....
Affix Bar Code Here

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12	13
		1 Direct Premiums Written	2 Direct Premiums Earned ^(b)	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	Policies In Force
1.	Fire.....													
2.1	Allied lines.....													
2.2	Multiple peril crop.....													
2.3	Federal flood.....													
2.4	Private crop.....													
2.5	Private Flood.....													
3.	Farmowners multiple peril.....													
4.	Homeowners multiple peril.....													
5.1	Commercial multiple peril.(non-liability portion).....													
5.2	Commercial multiple peril (liability portion).....													
6.	Mortgage guaranty.....													
8.	Ocean marine.....													
9.	Inland marine.....													
10.	Financial guaranty.....													
11.1	Medical professional liability - Occurrence.....													
11.2	Medical professional liability - Claims-Made.....													
12.	Earthquake.....													
13.1	Comprehensive (hospital and medical) ind.....													
13.2	Comprehensive (hospital and medical) group.....													
14.	Credit A & H (Group and individual) ^(c)													
15.1	Vision Only.....													
15.2	Dental Only.....													
15.3	Disability Income.....													
15.4	Medicare Supplement.....													
15.5	Medicaid Title XIX.....													
15.6	Medicare Title XVIII.....													
5.7	Long-Term Care.....													
5.8	Federal Employees Health Benefits Plan.....													
15.9	Other Health.....													
16.	Workers' compensation.....													
17.1	Other liability (B.I.) ^(d)													
17.2	Other liability (P.D.).....													
17.3	Excess Workers' Compensation.....													
18.1	Products Liability - Occurrence.....													
18.2	Products Liability—Claims-Made.....													
19.1	Private passenger auto no-fault (personal injury protection)													XXX
19.2	Other private passenger automobile liability bodily injury ^(e)													XXX
19.3	Total private passenger automobile bodily injury.....													XXX
19.4	Private passenger automobile property damage.....													XXX
19.5	Commercial automobile no-fault (personal inj. protection)													XXX
19.6	Other commercial automobile liability bodily injury ^(e)													XXX
19.7	Total commercial automobile bodily injury.....													XXX
19.8	Commercial automobile property damage.....													XXX
21.1	Private passenger automobile fire, theft & comprehensive.....													XXX
21.2	Private passenger automobile collision.....													XXX
21.3	Commercial automobile fire, theft & comprehensive.....													XXX
21.4	Commercial automobile collision.....													XXX
21.5	Total private passenger automobile.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
21.6	Total commercial automobile.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22.	Aircraft (all perils).....													
23.	Fidelity.....													
24.	Surety.....													
26.	Burglary & theft.....													
27.	Boiler & machinery.....													
28.	Credit.....													
30.	Warranty.....													
31	Reins nonproportional assumed property.....													XXX
32	Reins nonproportional assumed liability.....													XXX
33	Reins nonproportional assumed financial lines.....													XXX
34.	Aggregate write-ins for other lines of business.....													
35.	TOTALS ^(a)													

EXHIBIT OF PREMIUMS AND LOSSES (continued) (a)
BUSINESS IN STATE OF NEW YORK DURING YEAR

.....
Affix Bar Code Here

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12	13
	1 Direct Premiums Written	2 Direct Premiums Earned (b)	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	Policies In Force
Details of Write-Ins													
3401.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3402.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3403	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3499.	TOTALS (ITEM 34)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

(1) Finance and service charges not included in Lines 1 to 35.....
Data must agree with Pg. 19 (New York) and Schedule T of the Annual Statement.
(a) Should include figures on New York State risks only if figures for risks in other states are allocated to New York for tax purposes in Schedule T, a reconciliation and explanation of the differences should be attached to this page.
(b) Direct premiums earned may be estimated by formula on the basis of country-wide ratios for the respective lines of business except where adjustments are required to recognize special situations.

(c) Business not exceeding 120 months duration.
(d) Combined single limit rate premiums should be allocated between B.I. and P.D. If necessary, a judgment factor should be used. Combined single limit rate premiums for this line of business should not be included in Line 34.
(e) Should not include monies collected for Motor Vehicle Law Enforcement Fee.
(Section 386 of Chapter 55, Law of 1992, amendment to the Insurance Law by adding new Section 9110).

CREDIT ACCIDENT AND HEALTH INSURANCE AND CREDIT UNEMPLOYMENT INSURANCE

COUNTRYWIDE BUSINESS

	1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded)	2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited)	3 Dividends And Retrospective Rate Credits Paid Or Credit On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
1.1. Group A & H policies — loans of 60 months or less duration.....					
1.2 Group A & H policies — loans of greater than 60 months’ duration but not greater than 120 months.....					
1.3 Group A & H policies — loans of greater than 120 months duration.....					
2. Other A & H policies.....					
3. Total A & H policies (Lines 1.1 + 1.2 + 1.3 + 2).....					
4.1 Group unemployment policies — loans of 60 months or less duration...					
4.2 Group unemployment policies — loans of greater than 60 months’ duration but not greater than 120 months.....					
4.3 Group unemployment policies — loans of greater than 120 months duration.....					
5. Other unemployment policies.....					
6. Total unemployment policies (Lines 4.1 + 4.2 + 4.3 + 5).....					
7. TOTAL (Lines 3 + 6).....					

NOTE: All figures should be shown to the nearest dollar.

CREDIT ACCIDENT AND HEALTH INSURANCE AND CREDIT UNEMPLOYMENT INSURANCE

NEW YORK DIRECT BUSINESS

	1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded)	2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited)	3 Dividends And Retrospective Rate Credits Paid Or Credit On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
1.1. Group A & H policies — loans of 60 months or less duration.....					
1.2 Group A & H policies — loans of greater than 60 months’ duration but not greater than 120 months.....					
1.3 Group A & H policies — loans of greater than 120 months duration.....					
2. Other A & H policies.....					
3. Total A & H policies (Lines 1.1 + 1.2 + 1.3 + 2).....					
4.1 Group unemployment policies — loans of 60 months or less duration...					
4.2 Group unemployment policies — loans of greater than 60 months’ duration but not greater than 120 months.....					
4.3 Group unemployment policies — loans of greater than 120 months duration.....					
5. Other unemployment policies.....					
6. Total unemployment policies (Lines 4.1 + 4.2 + 4.3 + 5).....					
7. TOTAL (Lines 3 + 6).....					

NOTE: All figures should be shown to the nearest dollar.

2022 INSURANCE EXPENSE EXHIBIT — SUPPLEMENT

ADDRESS (City, State and Zip Code) _____

NAIC GROUP CODE _____ NAIC COMPANY CODE _____

CONTACT PERSON _____ TITLE _____ TELEPHONE _____

.....
Affix Bar Code Here

(THIS EXHIBIT IS TO BE FILED NO LATER THAN APRIL 1, 2023)
ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE
(000 OMITTED)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expense				Unpaid Losses		Loss Adjustment Expense				Unearned Premium Reserves		Agents' Balances	
									Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred				Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid					
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
19.1 Private passenger auto no-fault (personal injury protection).....		XXX..		100.0..																		
19.2 Other private passenger automobile liability bodily injury.....		XXX..		100.0..																		
19.3 Total private passenger automobile bodily injury.....		XXX..		100.0..																		
19.4 Private passenger automobile property damage.....		XXX..		100.0..																		
19.5 Commercial automobile no-fault (personal injury protection).....		XXX..		100.0..																		
19.6 Other commercial automobile liability bodily injury.....		XXX..		100.0..																		
19.7 Total commercial automobile bodily injury.....		XXX..		100.0..																		
19.8 Commercial automobile property damage.....		XXX..		100.0..																		
21.1 Private passenger automobile fire, theft & comprehensive.....		XXX..		100.0..																		
21.2 Private passenger automobile collision.....		XXX..		100.0..																		
21.3 Commercial automobile fire, theft & comprehensive.....		XXX..		100.0..																		
21.4 Commercial automobile collision.....		XXX..		100.0..																		

18

	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain (Column 3-[5 thru 11]-[23 thru 29] + 31)		Investment Gain on Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus (Column 33 + 35)		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss (Column 37 + 39)	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %
19.1 Private passenger auto no-fault (personal injury protection).....																				
19.2 Other private passenger automobile liability bodily injury.....																				
19.3 Total private passenger automobile bodily injury.....																				
19.4 Private passenger automobile property damage.....																				
19.5 Commercial automobile no-fault (personal injury protection) ..																				
19.6 Other commercial automobile liability bodily injury.....																				
19.7 Total commercial automobile bodily injury.....																				
19.8 Commercial automobile property damage.....																				
21.1 Private passenger automobile fire, theft & comprehensive.....																				
21.2 Private passenger automobile collision.....																				
21.3 Commercial automobile fire, theft & comprehensive.....																				
21.4 Commercial automobile collision.....																				

INSTRUCTIONS FOR COMPLETING EXHIBIT COLUMNS

Data on Lines 19.1 + 19.2 + 19.4 must agree with NAIC IEE Part II, Line 19.1, 19.2
Data on Lines 19.5 + 19.6 + 19.8 must agree with NAIC IEE Part II, Line 19.3, 19.4
Data on Lines 21.1 + 21.2 must agree with NAIC IEE Part II, Line 21.1
Data on Lines 21.3 + 21.4 must agree with NAIC IEE Part II, Line 21.2

2022 INSURANCE EXPENSE EXHIBIT — SUPPLEMENT
ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN
(000 OMITTED)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expenses				Unpaid Losses		Loss Adjustment Expenses				Unearned Premium Reserves		Agents' Balances	
									Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred				Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid					
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
19.1 Private passenger auto no-fault (personal injury protection).....		.XXX.		100.0.																		
19.2 Other private passenger automobile liability bodily injury.....		.XXX.		100.0.																		
19.3 Total private passenger automobile bodily injury.....		.XXX.		100.0.																		
19.4 Private passenger automobile property damage.....		.XXX.		100.0.																		
19.5 Commercial automobile no-fault (personal injury protection)...		.XXX.		100.0.																		
19.6 Other commercial automobile liability bodily injury.....		.XXX.		100.0.																		
19.7 Total commercial automobile bodily injury.....		.XXX.		100.0.																		
19.8 Commercial automobile property damage.....		.XXX.		100.0.																		
21.1 Private passenger automobile fire, theft & comprehensive.....		.XXX.		100.0.																		
21.2 Private passenger automobile collision.....		.XXX.		100.0.																		
21.3 Commercial automobile fire, theft & comprehensive.....		.XXX.		100.0.																		
21.4 Commercial automobile collision.....		.XXX.		100.0.																		

19

	Commission and Brokerages Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain (Column 3 - [5 thru 11] - [23 thru 29] +31)	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger automobile liability bodily injury.....												
19.3 Total private passenger automobile bodily injury.....												
19.4 Private passenger automobile property damage.....												
19.5 Commercial automobile no-fault (personal injury protection).....												
19.6 Other commercial automobile liability bodily injury.....												
19.7 Total commercial automobile bodily injury.....												
19.8 Commercial automobile property damage.....												
21.1 Private passenger automobile fire, theft & comprehensive.....												
21.2 Private passenger automobile collision.....												
21.3 Commercial automobile fire, theft & comprehensive.....												
21.4 Commercial automobile collision.....												

INSTRUCTIONS FOR COMPLETING EXHIBIT COLUMNS

Data on Lines 19.1 + 19.2 + 19.4 must agree with NAIC IEE Part III, Line 19.1, 19.2
Data on Lines 19.5 + 19.6 + 19.8 must agree with NAIC IEE Part III, Line 19.3, 19.4
Data on Lines 21.1 + 21.2 must agree with NAIC IEE Part III, Line 21.1
Data on Lines 21.3 + 21.4 must agree with NAIC IEE Part III, Line 21.2

2022 INSURANCE EXPENSE EXHIBIT — SUPPLEMENT
NEW YORK STATE DEVELOPMENT OF WORKERS’ COMPENSATION, AND PRIVATE PASSENGER AUTO LIABILITY (BODILY INJURY, OTHER THAN
PERSONAL INJURY PROTECTION) AND AUTO PERSONAL INJURY PROTECTION LOSS EXPERIENCE
Showing direct premiums earned and direct losses and defense and cost containment expenses paid under policies issued in the STATE OF NEW YORK to end of current year.
WORKERS’ COMPENSATION

Yrs. In Which Policies Were Written	1 Direct Premium Earned (Policy Year)	CUMULATIVE DIRECT PAID LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSE REPORTED AT YEAR END (000 OMITTED)										12 Cumulative Number of Claims Closed With Loss Payment	13 Cumulative Number of Claim Closed Without Loss Payment
		2 2022	3 2021	4 2020	5 2019	6 2018	7 2017	8 2016	9 2015	10 2014	11 2013		
1. 2013													
2. 2014											XXX		
3. 2015										XXX	XXX		
4. 2016									XXX	XXX	XXX		
5. 2017								XXX	XXX	XXX	XXX		
6. 2018							XXX	XXX	XXX	XXX	XXX		
7. 2019						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2020					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2022			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. Total													

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)	AUTOMOBILE PRIVATE PASSENGER BODILY INJURY											
1. 2013													
2. 2014											XXX		
3. 2015										XXX	XXX		
4. 2016									XXX	XXX	XXX		
5. 2017								XXX	XXX	XXX	XXX		
6. 2018							XXX	XXX	XXX	XXX	XXX		
7. 2019						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2020					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2022			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. Total													

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)	AUTOMOBILE PRIVATE PASSENGER PERSONAL INJURY PROTECTION											
1. 2013													
2. 2014											XXX		
3. 2015										XXX	XXX		
4. 2016									XXX	XXX	XXX		
5. 2017								XXX	XXX	XXX	XXX		
6. 2018							XXX	XXX	XXX	XXX	XXX		
7. 2019						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2020					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2022			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. Total													

NOTE: Net of salvage and subrogation received.

2022 INSURANCE EXPENSE EXHIBIT — SUPPLEMENT
NEW YORK STATE DEVELOPMENT OF WORKERS’ COMPENSATION, AND PRIVATE PASSENGER AUTO LIABILITY (BODILY INJURY, OTHER THAN PERSONAL INJURY PROTECTION) AND PRIVATE PASSENGER AUTO PERSONAL INJURY PROTECTION LOSS EXPERIENCE
Showing direct premiums earned and direct losses and defense and cost containment expenses incurred under policies issued in the STATE OF NEW YORK to end of current year.
WORKERS’ COMPENSATION

Yrs. In Which Policies Were Written	1 Direct Premium Earned (Policy Year)	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES (INCLUDING CASE, BULK & IBNR RESERVES) AT YEAR END (000 OMITTED)										DEVELOPMENT ^(a)	
		2 2022	3 2021	4 2020	5 2019	6 2018	7 2017	8 2016	9 2015	10 2014	11 2013	12 One Year (Col. 2 - Col. 3)	13 Two Year (Col. 2 - Col. 4)
1. 2013													
2. 2014											XXX		
3. 2015										XXX	XXX		
4. 2016									XXX	XXX	XXX		
5. 2017								XXX	XXX	XXX	XXX		
6. 2018							XXX	XXX	XXX	XXX	XXX		
7. 2019						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2020					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
10. 2022			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Total													

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)	AUTOMOBILE PRIVATE PASSENGER BODILY INJURY											
1. 2013													
2. 2014											XXX		
3. 2015										XXX	XXX		
4. 2016									XXX	XXX	XXX		
5. 2017								XXX	XXX	XXX	XXX		
6. 2018							XXX	XXX	XXX	XXX	XXX		
7. 2019						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2020					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
10. 2022			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Total													

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)	AUTOMOBILE PRIVATE PASSENGER PERSONAL INJURY PROTECTION											
1. 2013													
2. 2014											XXX		
3. 2015										XXX	XXX		
4. 2016									XXX	XXX	XXX		
5. 2017								XXX	XXX	XXX	XXX		
6. 2018							XXX	XXX	XXX	XXX	XXX		
7. 2019						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2020					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
10. 2022			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Total													

(a)Current year less first or second prior year, showing (redundant) or adverse.

.....
Affix Bar Code Here

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS

This exhibit is required to be filed no later than April 1

This form has been restructured to be more consistent with the insurance categories and columns in the NAIC version of the Accident and Health Policy Experience Exhibit. Please refer to the Instructions for that exhibit also when completing this exhibit.

- 1. The name of the company must be clearly shown at the top of each page or pages.
- 2. Dollar amounts should be reported in whole dollars.
- 3. The Exhibit will show information concerning direct business on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit. If a group or individual form was ever issued in New York, its experience must be reported separately by policy form number, unless prior approval has been obtained from the Superintendent to combine experience. Insert as many lines under each classification as are needed. The form numbers should appear in alphanumeric form number order within each category. The experience for combinations of policy forms of the same category type with a premium volume less than 5% of the total for that category that were never issued in New York may be merged and reported on a single line. Such combinations should be identified as “Non-New York.” Other policy forms never issued in New York whose experience is reported by policy form should be identified as a Non-New York form, by placing the designation (Z) to the left of the policy form number.
- 4. The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within each individual category are required for all columns, except Years Issued, Expected Lifetime Loss Ratio, and Rate of Commission And Expense. All Section Totals should agree with Section Totals in the NAIC version of the Accident and Health Experience Exhibit.
- 5. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
- 6. Direct premiums Earned (Column 5) should not include the change in contract reserves, but both Direct premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
- 7. “Years issued” should be presented as the first year the form was issued followed by a hyphen followed by the last year issued; e.g., 1998-2000.
- 8. The entries in Columns (17), (18), (23) and (25) should be expressed as **ratios**, not percents, and should be rounded to three places to the right of the decimal point.

DEFINITIONS

Accident Only or AD&D

Policies that provide coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

Administrative Services Only (ASO) and Administrative Services Contract (ASC)

An uninsured accident and health plan is where an administrator performs administrative services for a third party that is at risk, but has not issued an insurance policy. The health plan bears all of the insurance risk, and there is no possibility of loss or liability to the administrator caused by claims incurred related to the plan. Under an ASO plan, claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the administrator, but only after receiving funds from the plan sponsor that are adequate to fully cover the claim payments. Under an ASC plan, the administrator pays claims from its own bank accounts, and only subsequently receives reimbursement from the plan sponsor.

Comprehensive/Major Medical

Policies that provide fully insured indemnity, HMO, PPO, or Fee for Service coverage for hospital, medical, and surgical expenses. This category excludes Short Term Medical Insurance, the Federal Employees Health Benefit Program and non-comprehensive coverage such as basic hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as any other coverage described in the other categories of this exhibit.

Group business is further segmented under this category as follows (please note there is a separate category for Administrative Services Only/Administrative Services Contract business):

Single Employer:

Group policies issued to one employer for the benefit of its employees. This would include affiliated companies that have common ownership.

Small Employer: Group policies issued to single employers that are subject to the definition of Small Employer business, when so defined, in the group’s state of situs.

Other Employer: Group policies issued to single employers that are not defined as Small Employer business.

Multiple Employer Associations and Trusts: Group policies that are issued to an association or to a trust. This category also includes policies issued to one or more trustees of a fund established or adopted by two or more employers, or by one or more labor unions or similar employee organizations. The organizations include those that are exempt and also those that are non-exempt from statewide community rating. This category does not exclude policies providing coverage to employees of small employers, as defined in the employer's state of situs.

Other Associations and Discretionary Trusts: Group policies issued to associations and trusts that are not included in the Small Employer, Other Employer or Multiple Employer Associations and Trusts group categories. This category does not exclude insurance providing coverage to employees of small employers, as defined in the employer's state of situs. This category does include blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating employers and also individuals as members.

Other Comprehensive/Major Medical: Group policies providing comprehensive or major medical benefits that are not included in any of the categories listed above.

Contract Reserves

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee's health benefits plans (FEHBP), or Medicare and Medicaid programs.

Disability Income— Long Term

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.

Disability Income— Short Term

Policies that provide a weekly or monthly income benefit for up to five years for individual coverage and up to one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Statutory DBL Benefits and Overhead Expense Benefits. Does not include credit disability.

Federal Employees Health Benefits Program (FEHBP)

Coverage provided to Federal employees, retirees and their survivors and administered by the Office of Personnel Management.

Group Business

Health insurance where the policy issued to employers, associations, trusts, or other groups covering employees or members and/or their dependents, to whom a certificate of coverage may be provided.

Individual Business

Health insurance where the policy is issued to an individual covering the individual and/or their dependents. This includes conversions from group policies.

Limited Benefit

Policies that provide coverage for vision, prescription drug, and/or any other single service plan or program. Also include short-term care policies that provide coverage for less than one year for medical and other services provided in a setting other than an acute care unit of the hospital.

Long-Term Care

Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, including policies that provide benefits for cognitive impairment or loss of functional capacity. This includes policies providing only nursing home care, home health care, community based care, or any combination. Do not include coverage provided under comprehensive/major medical policies, Medicare Advantage, or for accelerated death benefit-type products.

Medicaid

Policies issued in association with the Federal/State entitlement program created by Title XIX of the Social Security Act of 1965 that pays for medical assistance for certain individuals and families with low incomes and resources.

Medicare

Policies issued as Medicare Advantage Plans providing Medicare benefits to Medicare eligible beneficiaries created by title XVIII of the Social Security Act of 1965. This includes Medicare Managed Care Plans (i.e. HMO and PPO) and Medicare Private Fee-for-Service Plans. Employer Group Waiver Plans (EGWPs) should be reported as part of Medicare Part D.

Medicare Part D – Stand Alone

Stand-alone Part D coverage written through individual contracts, stand-alone Part D coverage written through group contracts and certificates, and Part D coverage written on employer groups where the reporting entity is responsible for reporting claims to the Centers for Medicare & Medicaid Services (CMS).

Medicare Supplement

Policies that qualify as Medicare Supplement policy forms as defined in the NAIC Medicare Supplement Insurance Minimum Standards Model Act. This includes standardized plans, pre-standardized plans and Medicare select.

Other Business

Any business that is not included in the Individual Business or Group Business listed above, including credit insurance, stop loss/excess loss, administrative services only and administrative services contract.

Other Group Business

Group policies providing health insurance benefits that are not included in any other group business category of this exhibit should be reported as other group business.

Other Individual Business

Individual policies providing health insurance benefits that are not included in any other individual business category of this exhibit should be reported as other individual business.

Other Medical (Non-Comprehensive)

Policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies), etc. Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS Supplement, Medicare Supplement, or Federal Employee Health Benefit Program coverage.

Short Term Medical

Policies that provide major medical coverage for a short period of time, typically 30 to 180 days. These policies may be renewable for multiple periods.

Specified/Named Disease

Policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem or as a principal sum.

State Children's Health Insurance Program

Policies issued in association with the Federal/State partnership created by title XXI of the Social Security Act.

Stop Loss/Excess Loss

Individual or group policies providing coverage to a health plan, a self-insured employer plan, or a medical provider providing coverage to insure against the risk that any one claim or an entire plan's losses will exceed a specified dollar amount.

Student

Policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.

TRICARE

Policies issued in association with the Department of Defense's health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDRESS(City, State and Zip Code) _____

NAIC GROUP CODE _____ NAIC COMPANY CODE _____

CONTACT PERSON _____ TITLE _____ TELEPHONE _____

(THIS EXHIBIT IS TO BE FILED NO LATER THAN April 1, 2023)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Direct Premiums Written	(4) Increase in Premiums Reserves	(5) Direct Premiums Earned	(6) Assumed Premiums Earned	(7) Ceded Premiums Earned	(8) Net Premiums Earned (5)+(6)-(7)	(9) Dividends	(10) Paid Claims	(11) Change in Contract Reserves	(12) Increase in Claim Reserves	(13) Direct Incurred Claims Amount	(14) Assumed Incurred Claims Amount
A. INDIVIDUAL BUSINESS													
1. Comprehensive major medical.....													
A019999 Subtotal													
2.1 Short-Term Medical – 6 Months or Less													
A021999 Subtotal													
2.2 Short-Term Medical – Over 6 Months.....													
A022999 Subtotal													
2.3 Subtotal Short-Term Medical (2.1+2.2).....													
A023999 sum of A021999 and A022999													
3. Other Medical (Non-Comprehensive).....													
A039999 Subtotal													
4. Specified/Named Disease.....													
A049999 Subtotal													
5. Limited Benefit													
A059999 Subtotal													
6. Student.....													
A069999 Subtotal													
7. Accident Only or AD&D.....													
A079999 Subtotal													
8. Disability Income – Short-Term													
A089999 Subtotal													
9. Disability Income – Long-Term													
A099999 Subtotal													
10. Long-Term Care													
A109999 Subtotal													
11. Medicare Supplement (Medigap)													
A119999 Subtotal													
12. Dental													
A129999 Subtotal													
13. State Children's Health Insurance Program													
A139999 Subtotal													
14. Medicare													
A149999 Subtotal													
15. Medicaid													
A159999 Subtotal													
16. Medicare Part D – Stand-Alone.....													
A169999 Subtotal													
17. Vision													
A179999 Subtotal													
18. Other Individual Business.....													
A189999 Subtotal													
19. Grand Total Individual													
A199999 Grand Total Sum of A019999 through A189999, exclude A023999													

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Policy Form Number	Years Issued	Direct Premiums Written	Increase in Premiums Reserves	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	(8) Net Premiums Earned (5)+(6)-(7)	Dividends	Paid Claims	Change in Contract Reserves	Increase in Claim Reserves	Direct Incurred Claims Amount	Assumed Incurred Claims Amount
(Listed by Policy Form)													
B. GROUP BUSINESS													
Comprehensive Major Medical													
1.1 Single Employer – Small Employer													
B011999 Subtotal													
1.2 Single Employer – Other Employer.....													
B012999 Subtotal													
1.3 Single Employer Subtotal (1.1+1.2)													
B013999 sum of B011999 and B012999													
2. Multiple Employer Assns and Trusts.....													
B029999 Subtotal													
3. Other Associations and Discretionary Trusts													
B039999 Subtotal													
4. Other Comprehensive Major Medical.....													
B049999 Subtotal													
5. Comprehensive/Major Medical Subtotal													
B059999 sum of B013999 through B049999													
Other Medical (Non-Comprehensive)													
6. Specified/Named Disease.....													
B069999 Subtotal													
7. Limited Benefit													
B079999 Subtotal													
8. Student.....													
B089999 Subtotal													
9. Accident Only or AD&D													
B099999 Subtotal													
10. Disability Income – Short-term													
B109999 Subtotal													
11. Disability Income – Long-term.....													
B119999 Subtotal													
12. Long-Term Care													
B129999 Subtotal													
13. Medicare Supplement (Medigap).....													
B139999 Subtotal													
14. Federal Employees Health Benefits Plan.....													
B149999 Subtotal													
15. Tricare.....													
B159999 Subtotal													
16. Dental													
B169999 Subtotal													
17. Medicare													
B179999 Subtotal													
18. Medicare Part D – Stand-Alone.....													
B189999 Subtotal													
19. Vision.....													
B199999 Subtotal													
20. Other Group Care													
B209999 Subtotal													
21. Grand Total Group Business													
B219999 Grand Total Sum of B059999 through B209999													

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Direct Premiums Written	(4) Increase in Premiums Reserves	(5) Direct Premiums Earned	(6) Assumed Premiums Earned	(7) Ceded Premiums Earned	(8) Net Premiums Earned (5)+(6)-(7)	(9) Dividends	(10) Paid Claims	(11) Change in Contract Reserves	(12) Increase in Claim Reserves	(13) Direct Incurred Claims Amount	(14) Assumed Incurred Claims Amount
C. OTHER BUSINESS													
1. Credit (Individual and Group).....													
C019999 Subtotal													
2. Stop Loss/Excess Loss.....													
C029999 Subtotal													
3. Administrative Services Only.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C039999 Subtotal													
4. Administrative Services Contracts.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C049999 Subtotal													
5. Grand Total Other Business													
C059999 Grand Total Sum of C019999 through C049999													
D. TOTAL BUSINESS													
1. Total Non-U.S. Policy Forms													
D019999 Subtotal													
2. Grand Total Individual, Group and Other Business													
D029999 Grand Total Sum of A199999, B219999, C059999 and D019999													

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
(Listed by Policy Form)	Ceded	Net	Ratio of Incurred	Loss	Number of Policies or	Number of Covered	Member	Number	Expected	Commission	Rate of Commission and
	Incurred Claims Amount	Incurred Claims Amount (13)+(14)-(15)	Claims To Premium Earned (13)/(5)	Ratio [(11)+(13)]/(5)	Certificates As of Dec. 31	Lives as of Dec. 31	Months	Of Reported Claims	Lifetime Loss Ratio	Incurred	Expenses
A. INDIVIDUAL BUSINESS											
1. Comprehensive major medical											
A019999 Subtotal											
2.1 Short-Term Medical – 6 Months or Less											
A021999 Subtotal											
2.2 Short-Term Medical – Over 6 Months											
A022999 Subtotal											
2.3 Subtotal Short-Term Medical (2.1+2.2)											
A023999 sum of A021999 and A022999											
3. Other Medical (Non-Comprehensive)											
A039999 Subtotal											
4. Specified/Named Disease											
A049999 Subtotal											
5. Limited Benefit											
A059999 Subtotal											
6. Student											
A069999 Subtotal											
7. Accident Only or AD&D											
A079999 Subtotal											
8. Disability Income – Short-Term											
A089999 Subtotal											
9. Disability Income – Long-Term											
A099999 Subtotal											
10. Long-Term Care											
A109999 Subtotal											
11. Medicare Supplement (Medigap)											
A119999 Subtotal											
12. Dental											
A129999 Subtotal											
13. State Children's Health Insurance Program											
A139999 Subtotal											
14. Medicare											
A149999 Subtotal											
15. Medicaid											
A159999 Subtotal											
16. Medicare Part D – Stand-Alone											
A169999 Subtotal											
17. Vision											
A179999 Subtotal											
18. Other Individual Business											
A189999 Subtotal											
19. Grand Total Individual											
A199999 Grand Total Sum of A019999 through A189999, exclude A023999											

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022

	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
(Continued)(Listed by Policy Form)	Ceded Incurred Claims Amount	Net Incurred Claims Amount (13)+(14)-(15)	Ratio of Incurred Claims To Premium Earned (13)/(5)	Loss Ratio [(11)+(13)]/(5)	Number of Policies or Certificates As of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months	Number Of Reported Claims	Expected Lifetime Loss Ratio	Commission Incurred	Rate of Commission and Expenses
B. GROUP BUSINESS											
Comprehensive Major Medical											
1.1 Single Employer – Small Employer											
B011999 Subtotal											
1.2 Single Employer – Other Employer.....											
B012999 Subtotal											
1.3 Single Employer Subtotal (1.1+1.2)											
B013999 sum of B011999 and B012999											
2. Multiple Employer Assns and Trusts.....											
B029999 Subtotal											
3. Other Associations and Discretionary Trusts											
B039999 Subtotal											
4. Other Comprehensive Major Medical.....											
B049999 Subtotal											
5. Comprehensive/Major Medical Subtotal											
B059999 sum of B013999 through B049999											
Other Medical (Non-Comprehensive)											
6. Specified/Named Disease.....											
B069999 Subtotal											
7. Limited Benefit											
B079999 Subtotal											
8. Student											
B089999 Subtotal											
9. Accident Only or AD&D											
B099999 Subtotal											
10. Disability Income – Short-term											
B109999 Subtotal											
11. Disability Income – Long-term.....											
B119999 Subtotal											
12. Long-Term Care											
B129999 Subtotal											
13. Medicare Supplement (Medigap)											
B139999 Subtotal											
14. Federal Employees Health Benefits Plan											
B149999 Subtotal											
15. Tricare.....											
B159999 Subtotal											
16. Dental											
B169999 Subtotal											
17. Medicare											
B179999 Subtotal											
18. Medicare Part D – Stand-Alone.....											
B189999 Subtotal											
19. Vision											
B199999 Subtotal											
20. Other Group Care											
B209999 Subtotal											
21. Grand Total Group Business											
B219999 Grand Total Sum of B059999 through B209999											

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
(Listed by Policy Form)	Ceded Incurred Claims Amount	Net Incurred Claims Amount (13)+(14)-(15)	Ratio of Incurred Claims To Premium Earned (13)/(5)	Loss Ratio [(11)+(13)]/(5)	Number of Policies or Certificates As of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months	Number Of Reported Claims	Expected Lifetime Loss Ratio	Commission Incurred	Rate of Commission and Expenses
C. OTHER BUSINESS											
1. Credit (Individual and Group).....											
C019999											
2. Stop Loss/Excess Loss.....											
C029999											
3. Administrative Services Only.....	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
C039999											
4. Administrative Services Contracts.....	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
C049999											
5. Grand Total Other Business											
C059999 sum of C019999 through C049999											
D. TOTAL BUSINESS											
1. Total Non-U.S. Policy Forms.....											
D019999											
2. Grand Total Individual, Group and Other Business											
D029999 sum of A199999, B219999, C059999 and D019999											

.....
Affix Bar Code Here

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
INSURED OR ADMINISTERED BY THE COMPANY
(DIRECT BUSINESS IN THE STATE OF NEW YORK)

INSTRUCTIONS

This exhibit is required to be filed no later than March 1.

1. If there is no data to report in a cell, insert a zero (-0-). To avoid double counting of persons covered in part by another insurer, another policy issued by you, or who are self-insured in part, only report counts for policies which represent an insured’s principal coverage (i.e., comprehensive policies). Do not include counts for persons who would be counted in another insurer’s statement as principal insurer, or who are counted in your self-insured counts (i.e., do not include supplemental, wrap around type policies). However, premiums and counts for “Minimum Premium Plan” arrangements should be included in the Insured Business section, and Medicare Supplement policies should be included as insured counts, as well.
2. This exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
3. Small Group Health Insurance and Individual Health Insurance are defined in New York Insurance Law Sections 3231(a) and 3216(a).
4. Include in the section captioned, “Large Group”, all policies other than those defined as Individual or Small Group or which are reported in another line of this exhibit (e.g., “Group Credit” policies are already reported in line 5 of this Exhibit and, therefore, should not be included in the lines captioned “Large Group”).
5. Credit A & H shall not include business exceeding 120 months duration.
6. Columns 1 and 2, lines 3, 4, 5 and 7 should agree, respectively, with columns 1 and 2, lines 24, 24.1, 24.2 and 26 of the Accident and Health Insurance Section of the Annual Statement page entitled “Direct Business in the State of New York”, and line 6.4 of columns 1 and 2 should equal the sum of lines 24.3, 24.4 and 25.6 of said Annual Statement exhibit.
7. The schedule of **Self-Insured Business** should only include contracts that are substantially self-insured. For example, in arrangements where an employer or association funds substantially all of its claims, with the insurer participating in the arrangement retaining only a nominal premium or retention for administrative services (e.g., Administrative Services Only (ASO) arrangements), the administering insurer should include the appropriate contracts/lives counts in its schedule of self-insured business reported in this exhibit. However, where an employer, association, or other entity is insured by a licensed carrier for a substantial portion of its coverage, such as where it purchases a hospital policy from a licensed insurer while self-insuring its surgical/medical coverage, the company administering the self-insured portion should not include these policies in its counts of self-insured business. These policies should be included in the insured counts of the insurer providing the hospital coverage, whether it is the same insurer that is administering the self-insured portion or another insurer.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
INSURED OR ADMINISTERED BY THE COMPANY
(DIRECT BUSINESS IN THE STATE OF NEW YORK)

A. INSURED BUSINESS

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Number of Individual Policies or Certificates as of Dec. 31, Prior Year	4 Number of Covered Lives as of Dec. 31, Prior Year	5 Number of Individual Policies or Certificates as of Dec. 31, Current Year	6 Number of Covered Lives as of Dec. 31, Current Year
Group Policies:						
Small Group:						
1.1 Health Insurance (Non-Medicare Supplement)						
1.2 Medicare Supplement						
1.3 Other than Health Insurance						
1.4 Total Small Group (Sum of Lines 1.1 thru 1.3)						
Large Group:						
2.1 Health Insurance (Non-Medicare Supplement)						
2.2 Medicare Supplement						
2.3 Other than Health Insurance						
2.4 Total Large Group (Sum of Lines 2.1 thru 2.3)						
3. Total Group (Line 1.4 + 2.4)						
4. Federal Employee Health Benefit Program						
5. Credit A & H (Individual & Group)						
Individual Policies:						
6.1 Health Insurance (Non-Medicare Supplement)						
6.2 Medicare Supplement						
6.3 Other than Health Insurance						
6.4 Total Individual Policies (Sum of Lines 6.1 thru 6.3)						
7. Total (Lines 3 + 4 + 5 + 6.4)						

B. SELF-INSURED COVERAGE ADMINISTERED BY THE COMPANY

	1 Number of Employees as of Dec. 31, Prior Year	2 Number of Covered Lives as of Dec. 31, Prior Year	3 Number of Employees as of Dec. 31, Current Year	4 Number of Covered Lives as of Dec. 31, Current Year
1. Health Coverage (Non-Medicare Supplement)				
2. Medicare Supplement				
3. Other than Health Insurance				
4. Total Self-Insured Business (Sum of Lines 1 thru 3)				

Property/Casualty
Companies

REPORT OF PREMIUMS

NEW YORK STATE
CALENDAR YEAR 2022
(Art. 91 Insurance Law and Art. 33 Tax Law)

.....
Affix Bar Code Here

Employer Identification Number
NAIC Number

(EXACT CORPORATE TITLE)		
(MAIL ADDRESS)		
Domiciliary State	Organized	Licensed In New York
	(Date)	(Date)

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

(SIGNATURE OF OFFICER)	(TITLE)	(TELEPHONE NO.)	(DATE)
------------------------	---------	-----------------	--------

GENERAL INSTRUCTIONS

1. This report is required to be filed electronically along with this Supplement to the Property and Casualty Annual Statement by March 1.
2. An additional copy of this report is required to be filed by March 1 with the Department of Taxation and Finance, Franchise Desk Audit Bureau - AG 9, WA Harriman State Campus, Albany, New York 12227-5299.
3. Exclude employer and employee contributions from premiums, subject to the following conditions:
 - a. The insurance contract is issued by your company.
 - b. The benefit plan is calculated on a non-profit basis.
 - c. The exclusion is limited to employees and agents (and dependents) of your company, and should not include employees and agents of affiliated companies.
 - d. If the state of domicile taxes employees and/or employer contributions, report this portion of the premium exclusion on a rider.
4. If the New York direct premiums (Column 1) and dividends (Column 8) on Line F34, less Lines B34b and C30, are not in agreement with Schedule T and the New York Business Page of the Annual Statement, explain fully on a rider attached.
5. If the net taxable premiums (Column 9) on Line C34 and/or Lines A34, plus B34, plus D34 are not in agreement with Schedule C, Lines 34 and 35 respectively, of the New York State Non-Life Insurance Corporation Franchise Tax Return (CT-33-NL), explain fully on a rider.
6. Credits claimed by domestic companies in Schedule A, Line 6 of the CT-33-NL form should be fully documented with copies of retaliatory statements and canceled checks in payment.
7. Foreign companies subject to retaliation under Section 1112 of the New York Insurance Law should submit all documentation to support any payments to be claimed for this purpose.
8. Credit Adjustments included in Schedule A, Line 6 (CT-33-NL) are to be documented, or otherwise fully explained.
9. Foreign and alien companies must complete Supplementary Schedule I covering the Fair Plan distribution. Include only premiums reported and taxes paid to the New York State Department of Financial Services, and the Cities of New York and Buffalo in accordance with instructions from the Department of Financial Services. Questions or clarifications for Supplementary Schedule I can be sent to taxaudit@dfs.ny.gov.
10. Foreign and alien companies must complete Supplementary Schedule II covering the distribution of fire department taxes. Documentation in the form of copies of premium statements and canceled checks for New York City and Buffalo, Section 9104 coded fire department listings, and unabsorbed and absorbed credit listings should be submitted. Questions or clarifications for Supplementary Schedule II can be sent to taxaudit@dfs.ny.gov.
11. File a copy of CT-33-NL New York State Non-Life Insurance Corporation Franchise Tax Return with the New York State Department of Financial Services, Office of Financial Management, One Commerce Plaza, Albany, New York 12257.
12. FAIR Plan total premium data for lines A01a, A01b, B02a & B02b located at https://www.dfs.ny.gov/apps_and_licensing/property_insurers/fire_tax_information under "FAIR Plan Information"
13. FAIR Plan premium data by location and year for Supplemental Schedule I located at https://www.dfs.ny.gov/apps_and_licensing/property_insurers/fire_tax_information under "FAIR Plan Information"

BUSINESS IN THE STATE OF NEW YORK DURING

Line #	Line of Business	GROSS PREMIUMS, LESS RETURN PREMIUMS ON POLICIES		
		(1) Direct Premiums Written	(2) Uncollected Earned Premiums On Canceled Policies (Charged To Direct Writings	(3) Finance & Service Charges
SECTION A: FIRE & FIRE COMPONENT				
A01	Fire			
A01a	FAIR Plan current year			
A01b	FAIR Plan current year adjustments for prior years			
A04	Homeowners' Multiple Peril			
A05.1	Commercial Multiple Peril (Non-Liability Portion)			
A21	Auto Fire			
A22	Aircraft Fire			
A33	Aggregate Write-Ins (Fire)			
A34	TOTAL Fire & Fire Components			
DETAILS OF WRITE-INS AT LINE A33 FOR FIRE LINES				
A3301				
A3302				
A3303				
A3398	Summary of Remaining Write-Ins			
A3399	Totals (Items A3301 thru A3303 plus A3398)			
SECTION B: ALLIED LINES AND ALLIED LINE COMPONENT				
B02.1	Allied Lines			
B02a	FAIR Plan current year			
B02b	FAIR Plan current year adjustments for prior years			
B02.2	Multiple Peril Crop			
B02.3	Federal Flood			
B04	Homeowners' Multiple Peril			
B05.1	Commercial Multiple Peril			
B09	Inland Marine			
B12	Earthquake			
B33	Aggregate Write-Ins (Allied Lines)			
B34	TOTAL Allied Lines & Allied Line Components			
DETAILS OF WRITE-INS AT LINE B33 FOR ALLIED LINES				
B3301				
B3302				
B3303				
B3398	Summary of Remaining Write-Ins			
B3399	Totals (Items B3301 thru B3303 plus B3398)			
B34a	TOTAL FIRE & ALLIED LINES (Lines A34 + B34)			
B34b	Unauthorized States & Countries(Non-A&H) Excludes Sec. 1510D			
B34c	TOTAL (Lines B34a + B34b)			
SECTION C: ACCIDENT & HEALTH				
C13	Group Accident & Health			
C14	Credit A&H (Group & Individual)			
C15.1	Collectively Renewable A&H			
C15.2	Non-Cancelable A&H			
C15.3	Guaranteed Renewable A&H			
C15.4	Non-Renewable for Stated Reasons Only			
C15.5	Other Accident Only			
C15.6	All Other A&H			
C15.7	Federal Employee Health Benefit Program Premium			
C30	Unauthorized States & Countries			
C33	Aggregate Write-Ins for A&H			
C34	TOTAL Accident & Health			
DETAILS OF WRITE-INS AT LINE C33 FOR A&H				
C3301				
C3302				
C3303				
C3398	Summary of Remaining Write-Ins			
C3399	Totals (Items C3301 thru C3303 plus C3398)			

BUSINESS IN THE STATE OF NEW YORK DURING

Line #	Line of Business SECTION D: CASUALTY & SURETY AND C&S COMPONENT	GROSS PREMIUMS, LESS RETURN PREMIUMS ON POLICIES		
		(1) Direct Premiums Written	(2) Uncollected Earned Premiums On Canceled Policies (Charged To Direct Writings	(3) Finance & Service Charges
D03	Farmowners' Multiple Peril			
D04	Homeowners' Multiple Peril			
D05.2	Commercial Multiple Peril (Liability Portion)			
D06	Mortgage Guaranty			
D10	Financial Guaranty			
D11	Medical Professional Liability			
D16	Workers' Compensation			
D17	Other Liability			
D18	Products Liability			
D19.1	Private Passenger Auto No-Fault (PIP)			
D19.2	Other Private Passenger Auto Liability			
D19.4	Private Passenger Auto Property Damage			
D19.5	Commercial Auto No-Fault (PIP)			
D19.6	Other Commercial Auto Liability			
D19.8	Commercial Auto Property Damage			
D21.1	Private Passenger Auto Physical Damage			
D21.2	Private Passenger Auto Collision			
D21.3	Commercial Auto Physical Damage			
D21.4	Commercial Auto Collision			
D22	Aircraft			
D23	Fidelity			
D24	Surety			
D26	Burglary & Theft			
D27	Boiler & Machinery			
D28	Credit			
D30	Warranty			
D33	Aggregate Write-Ins for Casualty & Surety			
D34	TOTAL Casualty & Surety			
DETAILS OF WRITE-INS AT LINE D33 FOR CASUALTY & SURETY				
D3301				
D3302				
D3303				
D3398	Summary of Remaining Write-Ins			
D3399	Totals (Items D3301 thru D3303 plus D3398)			
SECTION E: EXEMPTED LINES OF BUSINESS				
E08	Ocean Marine			
E33	Aggregate Write-Ins for Exempted Lines of Business			
E34	TOTAL Exempted Lines of Business			
DETAILS OF WRITE-INS AT LINE E33 FOR EXEMPTED LINES				
E3301				
E3302				
E3303				
E3398	Summary of Remaining Write-Ins			
E3399	Totals (Items E3301 thru E3303 plus E3398)			
SECTION F: GRAND TOTAL				
F34	(Lines B34c + C34 + D34 + E34)			

YEAR ENDING DECEMBER 31, 2022[illegible]

SUPPLEMENTARY SCHEDULE I

FAIR PLAN PREMIUMS & TAX AMOUNTS

	(1) Premiums	(2) Tax
1. Stock Company (9104 only) - Upstate current year adjustments for prior years.....		
2. Stock Company (9104 only) - Upstate current year amounts.....		
3. Stock Company (9104 only) - NYC current year adjustments for prior years.....		
4. Stock Company (9104 only) - NYC current year amounts.....		
5. Stock Company (9104 only) - Buffalo current year adjustments for prior years.....		
6. Stock Company (9104 only) - Buffalo current year amounts.....		
7. Mutual Company (9105 only) - All locations current year adjustments for prior years.....		
8. Mutual Company (9105 only) - All locations current year amounts.....		
9. TOTAL (To Supplementary Schedule II, line 8).		

NOTE: To be completed by foreign and alien companies only.

SUPPLEMENTARY SCHEDULE II

PREMIUMS SUBJECT TO FIRE DEPARTMENT TAXES & TAX AMOUNT

	(1) Premiums	(2) Tax
1. Stock Company (9104 only) - Upstate premiums subject to fire tax & tax amount.....		
2. LESS: Unabsorbed credits, current year		
3. Plus: Absorbed credits, prior year		
4. Net (Sum of lines 1 - 3).....		
5. Stock Company (9104 only) - New York City premiums subject to fire tax & tax amount.....		
6. Stock Company (9104 only) – City of Buffalo premiums subject to fire tax & tax amount.....		
7. Mutual Company (9105 only) - All locations premiums subject to fire tax & tax amount.....		
8. Fair Plan Premiums & Tax Amounts (Supplementary Schedule 1, Line 9, Cols 1 & 2)		
9. TOTAL		

NOTE: To be completed by foreign and alien companies only.

SUPPLEMENTARY SCHEDULE IV

TO BE FILED BY DOMESTIC INSURERS CLAIMING
RETALIATORY TAX CREDIT PAYMENTS TO OTHER JURISDICTIONS

STATE ^(a)	CREDIT CLAIMED FOR THE YEAR		
	(1) 2022	(2) 2021	(3) 2020
1. Alabama			
2. Alaska			
3. Arizona			
4. Arkansas			
5. California			
6. Colorado			
7. Connecticut			
8. Delaware			
9. District of Columbia			
10. Florida			
11. Georgia			
12. Hawaii			
13. Idaho			
14. Illinois			
15. Indiana			
16. Iowa			
17. Kansas			
18. Kentucky			
19. Louisiana			
20. Maine			
21. Maryland			
22. Massachusetts			
23. Michigan			
24. Minnesota			
25. Mississippi			
26. Missouri			
27. Montana			
28. Nebraska			
29. Nevada			
30. New Hampshire			
31. New Jersey			
32. New Mexico			
33. New York			
34. North Carolina			
35. North Dakota			
36. Ohio			
37. Oklahoma			
38. Oregon			
39. Pennsylvania			
40. Rhode Island			
41. South Carolina			
42. South Dakota			
43. Tennessee			
44. Texas			
45. Utah			
46. Vermont			
47. Virginia			
48. Washington			
49. West Virginia			
50. Wisconsin			
51. Wyoming			
58. TOTALS ^(b)			

(a) The amount for each state by year must be fully documented and include invoices (quarterly payments to states and retaliatory amounts paid with direct premium taxes should be reconciled to agree with amount claimed for each state by year) and photo copies of checks in payment to allow credit. Failure to include this data will result in the deletion of credit.
(b) To agree with CT-33NL filed with Department of Taxation and Finance.

COMPUTATION OF SECTION 206 PREMIUM BASE
New York Domiciled Companies Only
Section 206 – NYS Financial Services Law

This schedule is to be completed by New York domiciled companies only and is for the purpose of determining the premium base that will be used to compute the 2022 final Section 206 Assessment under NYS Financial Services Law.

Instructions:

- 1. Line 1: Beginning Premium Base of this schedule, is taken from the NAIC Annual Statement, Schedule T, Line 33, columns 2 (Direct Premiums Written) and 8 (Finance & Services Charges Not Included In Premiums).
- 2. Lines 2.1 -2.6: Additions should be those premiums that are not already included in the Beginning Premium Base on Line 1.
- 3. Lines 3.1 -3.4: Deductions should be those premiums that are already included in the Premium Base on Line 1, but are not subject to assessment.

NOTE: Adjustments to the premium base are subject to review. Supporting documentation should be available, if requested by the Department.

1. Beginning Premium Base (see Instruction #1)		
ADJUSTMENTS		
2. Additions (See Instruction #2)		
2.1 FAIR Plan Allocated Premiums for current year		
2.2 Unauthorized reinsurance premiums assumed (less returned premiums)		
2.3 Unauthorized states (states in which company is not licensed)		
2.4 Large Deductibles not included on Line 1		
2.5 Other (a)		
2.6 Total Additions (Lines 2.1 through 2.5)		
3. Deductions (See Instruction #3)		
3.1 FAIR Plan Allocated returned premiums for prior years		
3.2 Other (b)		
3.3 Other (c)		
3.4 Total Deductions (Lines 3.1 through 3.3)		
4. Adjusted Premium Base (Line 1 plus 2.6 minus 3.4)		
5. Prior Year Adjusted Premium Base		
6. Difference from Prior Year (Line 4 minus Line 5)		
7. Percent Difference (Line 6 divided by Line 5) (d)		%
(a) Specify Line 2.5 addition(s):		
(b) Specify Line 3.2 deduction(s):		
(c) Specify Line 3.3 deduction(s):		
(d) If difference is +/- 25% from prior year, please provide an explanation for the change:		

(Prepared by)

(Title)

(Phone Number)

(E-Mail Address)

NEW YORK PUBLIC MOTOR VEHICLE LIABILITY SECURITY FUND EXHIBIT

Net premiums on surety bonds and insurance policies written during the year to insure payment of any legal or liability claims or judgments resulting from operation, maintenance, use or defective construction of a motor vehicle causing: (a) damages for the incident to death or injuries to person, (b) damages for and incident to injury or destruction of property as provided for by Section 370 of the Vehicle and Traffic Law of the State of New York, and properly allocated in the books of account of such insurance carrier making this return:

1.	Premiums less return premiums as above defined.....	\$.....
2.	Surety bond premiums less returned premiums as above defined..	.....
3.1	Medical payment premiums.....	\$.....
3.2	Uninsured motorist premiums.....	.....
3.3	Total.....	\$_____
4.	Net Premiums (Line 1 + 2 - 3.3).....	\$.....
5.	Dividends on premiums less return premiums.....	.....
6.1	Medical payment dividends.....	\$.....
6.2	Uninsured motorist dividends.....	.....
6.3	Total.....	\$_____
7.	Balance (Line 4 - 5 - 6.3).....	\$_____
8.	3% of Line 7 Due (or Credit Due Company).....	\$_____
9.	NEW YORK CLAIM RESERVES AS OF DECEMBER 31, CURRENT YEAR ^(a)	\$_____

(a) Amount used in determining whether or not the Public Motor Vehicle Liability Security Fund will be contributory in accordance with Section 7606 of the New York Insurance Law.

NOTE: “Gross Premiums” shall be the gross amount charged during the period of this return, on direct business written, on all policies, certificates, renewals, bonds, policies and bonds subsequently canceled, issued or delivered during such period and all prior quarterly periods and calendar years subsequent to December 31, 1938. Premiums on reinsurance assumed or on reinsurance ceded shall not be included. Return premiums and dividends to policyholders paid or credited on direct business during the period of this return may be deducted where the original gross premiums or adjustments thereof shall have been concurrently or previously reported under this section.

FIRE INSURANCE FEE EXHIBIT

Section 9108 – NYS Insurance Law

Every insurance company authorized to write fire insurance business in this state shall collect, in addition to the applicable premium charge, a fire insurance fee, separately identified and charged to each holder of a policy for the coverage of peril of fire.

Excluded from the application of the fee are policies issued for the protection of household furnishings and/or policies issued to protect one or two-family residential structures, schools, churches and hospitals. In addition, the fee does not apply to inland marine, ocean marine, automobile or aircraft physical damage premiums. The fee is also not applicable to premiums for extended coverage, other allied lines, liability and other casualty coverage.

		FIRE PREMIUMS	FARMOWNERS MULTIPLE PERIL	HOMEOWNERS MULTIPLE PERIL	COMMERCIAL MULTIPLE PERIL (NON-LIABILITY)	TOTAL PREMIUMS WRITTEN
Line 1	Total Premiums (See note below)					
Less:	Premiums not subject to Fire Fee					
a	One or two family residences					
b	Schools					
c	Churches					
d	Hospitals					
e	Other (List Type Below)*					
Line 2	Subtotal of Excluded Policies					
Line 3	Total of all premiums subject to Fire Insurance Fee (Line 1 minus Line 2)					
* Other						
Note: Line 1 above should equal the respective direct premium written totals from lines 1, 3, 4, and 5.1 of the Exhibit of Premiums and Losses shown on the New York Supplement to the Annual Statement.						

Prepared by

Title

Phone Number

E-mail Address

OVERFLOW PAGE FOR WRITE-INS

PS2022JURAT1

Column 1 = Current Period Group Code
Column 2 = Prior Period Group Code
Column 3 = NAIC Company Code
Column 4 = FEIN
Column 5 = State of Domicile

PS2022JURAT2

PS2022JURAT3

Column 1 = Street Address
Column 2 = City
Column 3 = State
Column 4 = Zip Code
Column 5 = e-Mail Address

Line 01 = Statutory Home Office
Line 02 = Main Administrative Office
Line 03 = Mail Address
Line 04 = Primary Location of Books and Records
Line 05 = Electronic Contact Address

PS2022JURAT4

Column 1 = Contact Last Name
Column 2 = Contact First Name
Column 3 = Contact Middle Name
Column 4 = Phone Number
Column 5 = E-Mail Address

Line 1 = Annual Statement Contact
Line 2 = Electronic Filing Contact

PS2022JURAT5

Column 1 = Last Name
Column 2 = First Name
Column 3 = Middle Name
Column 4 = Suffix
Column 5 = New Officer Indicator

Line 1 = President
Line 2 = Secretary
Line 3 = Treasurer

PS2022JURAT6

Column 1 = Vendor Name
Column 2 = Vendor Version Number
Column 3 = Vendor Code

PS2022INTER

Column 1 = Yes/No Response
 Column 2 = Numerical Response
 Column 3 = Date Response
 Column 4 = Description
 Values for Column 1: Yes = Yes
 No = No
 NA = Not Applicable
 Format for Column 3 = MMDDYYYY

PS2022INTERSC1

Column 6 = Yes/No Response
Values for Column 6: Yes = Yes
No = No
NA = Not Applicable

PS2022INTERSC2

Column 1 = Name of Controlled Person
Column 2 = Type of Investment
Column 8 = Yes/No Response

Column 4 should be reported as a percentage

<u>PS2022SCSRF</u>	SCHEDULE SR - 1 (PROPERTY) - SPECIAL RISK INSURANCE Lines 6, 7 & 9 should be a ratio to the nearest number
<u>PS2022SUPINT</u>	SUPPLEMENTAL EXHIBITS AND INTERROGATORIES Column 1 = YES/NO/NA Column 2 = REASON FOR NOT FILING
<u>PS2022ROPSC3</u> Table Length Variable	REPORT OF PREMIUMS - SUPPLEMENTARY SCHEDULE 3 - REINSURANCE ASSUMED Lines 0100001-0199996 = Authorized Companies Lines 0200001-0299996 = Unauthorized Companies Column 1 = NAIC Cocode Column 2 = FEIN or AII Number NAIC Cocode field should be zero filled for all Alien reinsurers and Pools only. FEIN/AII number field should be zero filled for insolvent insurers if this number is not available for such insurers.
<u>PS2022PREMTAXI</u>	COMPUTATION OF SECTION 206 PREMIUM BASE Line 02.4, Column 1 = Description of Other Addition on line 2.4 Line 03.2, Column 1 = Description of Other Deduction on line 3.2 Line 03.3, Column 1 = Description of Other Deduction on line 3.3
<u>PS2022JURAT10</u>	COMPUTATION OF SECTION 206 PREMIUM BASE Line 01 = Column 1 = Schedule Contact Name Column 2 = Schedule Contact Title Column 3 = Phone Number Column 4 = E-Mail Address